

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/527
APPLICANT(S)

FILING DATE

3/29/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		8	1			
2		1		1			52		8	1			
3		1		1			53		8	1			
4		1		1			54		8	1			
5		1		1			55		8	1			
6		5		1			56		8	1			
7		3		1			57		8	1			
8		3		1			58		8	1			
9		3		1			59	1		1			
10		3		1			60	1		1			
11		3		1			61						
12		3		1			62						
13		3		1			63						
14		3		1			64						
15	1		1				65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		5		1			70						
21		3		1			71						
22		3		1			72						
23		3		1			73						
24		3		1			74						
25		3		1			75						
26		3		1			76						
27		3		1			77						
28		3		1			78						
29	1		1				79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		2		1			83						
34		2		1			84						
35		3		1			85						
36		3		1			86						
37		3		1			87						
38		3		1			88						
39		3		1			89						
40		3		1			90						
41		3		1			91						
42		3		1			92						
43		3		1			93						
44	1		1				94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		2		1			98						
49		1		1			99						
50		3		1			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	54	←		←
TOTAL CLAIMS							TOTAL CLAIMS			60			